DATE	PAGE	CORRECTION/CHANGE
September-08	20	added: Generate the index based on year of admit.
September-08	32	changed title to **Cancer Cases with 2008 Admit Date.**
Aug-08	22	added 209.30 and 511.81 to reportable codes table
Aug-08	23	added V07.5-V07.59 to table
Aug-08	84	Corrected description for C499 under Sarcoma Coding Instructions
Jun-08	pg A-21	CSTumorSizeExtEval #6, bolded
Aug-08	A-566	added note under Surg Code 25
Aug-08	Appendix F	Added First Contact to Date of Admit for each example form
Aug-08	Appendix F, Pg Number Example	Added A-19 to CS Tumor Size/Ext Eval

EXCEPTION: *If the physician treats a patient for cancer in spite of the negative biopsy, accession the case.*

EXCEPTION: *If enough time has passed that it is reasonable to assume that the physician has seen the negative pathology report, and the clinician continues to call this a reportable disease, accession the case. A reasonable amount of time would be 6 months or more.*

CASEFINDING METHODS

There are two types of casefinding methods—*active and passive:*

1. **Active casefinding:** The personnel responsible for reporting obtain and review all sources for eligible cases.

2. **Passive casefinding:** The personnel responsible for reporting rely on others to notify the reporter of possible eligible cases.

Active casefinding is more comprehensive and precise. **Passive casefinding** has a greater potential for missed cases. A combination of active and passive casefinding is a more effective method and ensures fewer missed cases. Casefinding procedures should be evaluated from time to time and amended as facility procedures or services change.

It is strongly recommended that every facility have a Casefinding Policy and Procedure in place. Casefinding procedures should be evaluated from time to time and amended as facility procedures or services change.

CASEFINDING SOURCES

1. Medical Records Department
   a. Disease indices
   b. Admission and discharge reports
2. Pathology Department
   a. Histology reports
   b. Cytology reports
   c. Hematology reports
   d. Autopsy reports
3. Surgery Department
4. Outpatient Departments
5. Medical and Diagnostic Imaging
6. Radiation Oncology
7. Medical Oncology
8. Emergency Room reports

CASEFINDING PROCESS

Cooperation and a good working relationship between reporting personnel and other departments are essential for accurate case ascertainment. The reporter is responsible for identifying all casefinding sources under their facility licensure and arranging access to these sources, for example, rural health clinics, surgery centers across town or off campus.

A disease index including both **inpatient and outpatient** admissions should be obtained after

medical records are completed and coded (monthly or quarterly). The index **must** be based on **year of admit.** It should be sorted **alphabetically** by last name and should include the following: **last name, first name, medical record number, admission/discharge date, date of birth, social security number, all primary and secondary ICD-9 diagnosis codes and admission type.** *Attachment A* (page 32) is an example of a disease index that can be modified for individual facilities.

The following list includes some helpful hints for the casefinding process:

- Review the disease index for reportable cancer codes to insure the facility has reported all of its reportable cases to the TCR.
- Request a TCR Facility Data Report from your regional office. A Facility Data Report is a complete listing of cases submitted by the facility.
- Compare the patients with reportable codes on the disease index to the TCR Facility Data Report.
- Review any patient charts with reportable codes that are missing from the TCR Facility Data Report for reportability.
- Prepare an abstract for each reportable case missing from the TCR Facility Data Report.
- If a previously reported patient is found to have a subsequent primary, assign the new primary the patient's original registry number. Change the sequence number to reflect the new primary and abstract the pertinent cancer information.

Note: *If a facility uses an automated casefinding method (for example: the hospital's mainframe extracts possible reportable cases and places these into cancer registry software suspense file), a manual disease index should be run at the end of the reporting year.* ***Insure that the ICD-9-CM codes used are the most current for the reporting year.*** *This disease index is then checked against the cancer registry database to insure that all cases were either reported or clearly documented as non-reportable and why. At the end of each reporting year, send the disease index and non-reportable list along with the casefinding check-list (Attachment C, page 34) to your facility's health service region. Refer to page 12 for a list of all regional offices.*

The following lists are intended to assist the cancer data reporter in identifying the reportable neoplasms.

REPORTABLE NEOPLASMS

- Malignant neoplasms *(exclusions noted on page 21)*
- Benign and borderline neoplasms of central nervous system
- Pituitary adenomas diagnosed as of 2003
- Carcinoma in-situ (*exclusions noted on page 21)*
- Carcinoid, NOS ***(excluding appendix,C181, unless stated to be malignant)***
- Pilocytic/juvenile astrocytoma is reportable and should be coded to 9421/3 per ICD-O-3 errata
- Squamous intraepithelial neoplasia grade III (8077/2) of vulva **[VIN]**, vagina **[VAIN]**, and anus **[AIN] beginning with 2001 cases**

Note: *All tumors and neoplasms of the brain and other CNS sites must have a morphology*

term and code in ICD-O-3. If there is no morphology term and code, it is not reportable. Tumors and neoplasms diagnosed prior to 2001 must have a morphology term and code in ICD-O-2 to be reportable.

Notes:

1. Malignant neoplasms of the skin of genital sites **are reportable**. These sites include: vagina (C529), clitoris (C512), vulva (C519), prepuce (C600), penis (C609), and scrotum (C632).

2. Reportable skin tumors such as adnexal carcinomas (carcinomas of the sweat gland, ceruminous gland, and hair follicle), adenocarcinomas, lymphomas, melanomas, sarcomas, and Merkel cell tumor **must be reported regardless of site**. Any carcinoma arising in a hemorrhoid is reportable since hemorrhoids arise in mucosa, not in skin.

NON-REPORTABLE NEOPLASMS

- Basal cell carcinoma (8090–8110) of the skin (C440-C449) **except genital sites**
- Basal and squamous cell carcinoma (8070–8110) of skin of anus (C445)
- Epithelial carcinomas (8010–8046) of the skin (C440-C449)
- Papillary and squamous cell carcinomas (8050–8084) of the skin (C440-C449) **except genital sites**
- Malignant neoplasms, NOS (8000–8005) of the skin (C440-C449)
- In situ neoplasms of cervix regardless of histology (behavior of /2; C539)
- Intraepithelial neoplasms of the cervix (CIN) (8077/2; C539) or prostate (PIN)(8148/2; C619)
- Borderline cystadenomas (8442, 8451, 8462, 8472, 8473) of the ovaries (C569) with behavior code 1 are **not** collected as of January 01, 2001
- Cases diagnosed prior to 1995 are no longer required to be reported.
- Benign and borderline tumors of the cranial bones (C410)
- Cysts or lesions of the brain or CNS diagnosed January 01, 2004 or later which have no ICD-O-3 morphology code

Example:
On 04/12/2008, a patient was diagnosed with cholesteatoma in the cerebral meninges. This is not a reportable CNS case since there is no code for cholesteatoma listed in *ICD-O-3*.

COMPREHENSIVE REPORTABLE LISTS

The following comprehensive lists are intended to aid appropriate staff (for example: Information Services, Data Management) in creating the disease index with the required reportable neoplasms and other ICD-9-CM codes. The reporter should review all admissions (inpatient and outpatient) with the following diagnosis codes for reportability. **Bolded codes are new as of October 2008.**

ICD-9-CM CODE	DIAGNOSIS
CODE RANGES	**PREFERRED ICD-O-3 TERMINOLOGY**
140.0 - **209.30**	Malignant neoplasms
225.0 - 225.9	Benign neoplasms of brain and spinal cord
227.3 - 227.4	Benign neoplasms of pituitary gland, pineal body, and other intracranial endocrine-related structures
230.0 - 234.9	Carcinoma in-situ (exclude 233.1, cervix)
237.0 – 237.9	Neoplasms of uncertain behavior (borderline) of endocrine glands and nervous system
511.81	Malignant Pleural Effusion

The table below lists a sample of codes and is not all-inclusive. The full range of codes must be checked.

INDIVIDUAL CODES	PREFERRED ICD-O-3 TERMINOLOGY
042.	AIDS (review records for AIDS-related malignancies)
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
227.3	Benign neoplasm of pituitary (body, fossa, gland, lobe)
227.3	Benign neoplasm of craniopharyngeal (duct, pouch)
227.4	Benign neoplasm of pineal (body, gland)
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) Extramedullary plasmacytoma (9734/3)
238.71	Essential thrombocythemia (9962/3) Essential hemorrhagic thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Idiopathic hemorrhagic thrombocythemia Primary thrombocythemia Thrombocythemia vera ***Note:* Primary thrombocythemia, thrombocythemia vera and essential thrombocytosis are considered synonyms for essential thrombocythemia but are not listed in *ICD-O-3*. In the absence of a specific code for the synonym, code to the preferred term. Refer to *Abstracting and Coding Guide for the Hematopoietic Diseases.***

238.72	Low grade myelodysplastic syndrome lesions Refractory anemia (RA) (9980/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS) (9985/3)
238.73	High grade Myelodysplastic syndrome lesions Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with excess blasts-2 (RAEB-2))9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) Excludes: constitutional 5q deletion (not reportable)
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9989/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeoloid metaplasia Primary myelofibrosis Excludes: myelofibrosis NOS myelophthisis anemia (not reportable) myeolphihisis (not reportable)
238.79	Other lymphatic and hematopoietic tissues Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) NOS (9960/3) Panmyelosis (acute) (9931/3)
273.2	Gamma heavy chain disease (9762/3)
273.3	Waldenstrom's macroglobulinemia
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis Myelofibrosis NOS Secondary myelofibrosis

Admissions with the following procedure codes must be screened for reportable neoplasms:

ICD-9-CM CODES	PROCEDURE DESCRIPTION
V07.3	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
V07.5 - V07.59	Prophylactic use of agents affecting estrogen receptors and estrogen levels (Tamoxifen, arimidex, etc.)
V07.8	Other specified prophylactic measures
V10.0 - V10.9	Personal history of malignancy (review these for recurrences, subsequent primaries, subsequent treatment, and diagnosis date)
V58.0	Admission for radiotherapy

V58.11	Admission for chemotherapy
V58.12	Admission for antineoplastic immunotherapy
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow-up
V67.2	Chemotherapy follow-up
V76.0–V76.9	Special screening for malignant neoplasm
V86.0	Estrogen receptor positive status (ER+) (new code)
V86.1	Estrogen receptor negative (ER-) (new code)

Cases with the following codes should be screened as registry time allows. Check for incorrectly coded malignancies.

ICD-9-CM CODES	DIAGNOSIS/TERMINOLOGY
210.0 – 229.9	Benign neoplasms
235.0 – 238.9	Neoplasms of uncertain behavior
239.0 – 239.9	Neoplasms of unspecified behavior
273.9	Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscodes)

SEER suggests that the following codes be screened as deemed appropriate by the individual reporting facility and as time allows. These are neoplasm related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm

ICD-9-CM CODES	DIAGNOSIS/TERMINOLOGY
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive therapy

The following are **exclusions** and **do not** need to be reported to the TCR:

MORPHOLOGY CODES	DIAGNOSIS/TERMINOLOGY
8000–8005	Neoplasms, malignant, NOS of the skin
8010/2	Carcinoma in-situ of cervix (CIN) **beginning with 1996 cases**
8010–8046	Epithelial carcinomas of the skin
8050–8084	Papillary and squamous cell carcinomas of the skin **except genital sites**
8077/2	Squamous Intraepithelial Neoplasia, grade III of cervix **beginning with 1996 cases; CIN**
8090–8110	Basal cell carcinomas of the skin **except genital sites**
8148/2	Prostatic Intraepithelial Neoplasia (PIN)

In 2001 the behavior code for certain ICD-O codes changed from borderline to malignant and from malignant to borderline. These codes can be found in the *ICD-O-3* and in *TCR CRH Revised 2007.*

information and to meet the state's federal funding obligations. The results of a casefinding audit are reported back to the facility. **The percentage of missed reportable cases identified from a casefinding audit should not exceed 5%.**

HELPFUL HINTS TO CONDUCT CASEFINDING:

- All possible sources of cancer cases in a facility should be reviewed to achieve complete and accurate casefinding.
- Review pathology reports monthly.
- Review disease index monthly.
- Review radiation oncology logs weekly.
- Have coders route medical charts to the registrar/reporter on all identified cancer patients.
- Review outpatient and emergency room visits for reportability. Arrangements can be made to have these routed to the registrar/reporter, or the registrar/reporter can physically review them in the department.
- Maintain a list of non-reportable cases or document non-reportable cases on the disease index.
- When reporting by the facility is complete for a given year, check the *Yes* column on the "*All Forms Submitted For the Year*" section on the transmittal form.

When reporting is complete for the year, send the following items to your TCR state health region:

- The disease index (see Attachment A, page 32) along with documentation of the parameters used to generate the index
- The casefinding checklist (see Attachment C, page 34)
- If SCL is not being used, send the non-reportable list (see Attachment B, page 33).

Note: *Confidential data must be submitted via CD, data must be encrypted, zipped, password protected and* ***mailed via a courier service that can be tracked.*** *The password must never be sent with the diskette/CD. Please call your state health region to provide the password.*

Contact your state health region for an assessment of your casefinding procedures. This will better prepare you for an audit.

Attachment A

Sample Facility Disease Index
Cancer Cases with 2008 Admit Date

Run Date: 10/07/2008 Run Time: 0855				Case Mix/Abstracting					
MR #	Name	Unit #	DOB	SS#	Sex	PT Class/Type	Admit Date	Discharge Date	Diagnosis/ Description
V01644608	Rogers, Clyde	V323436	3/5/1938	455-66-9090	M	IN, MCR	05/02/08	05/03/08	162.9 Mal Neo Bronch/Lung NOS
V00853788	Small, Adam	V174297	9/19/1956	422-23-2323	M	IN, MCR	04/05/08	04/07/08	V58.1 Chemo Encounter
V00923847	Small, Adam	V174297	9/19/1956	422-23-2323	M	SCD, MCR	05/11/08	05/11/08	189.0 Mal Neo Kidney
V01782648	Small, Adam	V174297	9/19/1956	422-23-2323	M	IN, MCR	09/06/08	09/14/08	198.3 Sec Mal Neo Brain
V02548046	Small, Tim	V416004	2/13/1942	566-66-6666	M	IN,OTH	10/16/08	10/20/08	185 Mal Neo Prostate
V00817429	Thorn, Alice	V197988	6/15/1959	500-00-5000	F	CLL,MCR	03/22/08	03/22/08	217 Benign Neo Breast
V00952770	Thorn, Alice	V197988	6/15/1959	500-00-5000	F	IN,MCR	05/29/08	06/02/08	174.4 Mal Neo Breast UOQ
V00978817	Thorn, Alice	V197988	6/15/1959	500-00-5000	F	IN,MCR	05/29/08	06/02/08	196.3 Mal Neo Lymph-Axlla
V0879666	Thorn, Alice	V197988	6/15/1959	500-00-5000	F	RCR,MCR	07/13/08	07/13/08	V58.0 Radiotherapy Encounter

1. Code Kaposi Sarcoma to the **site in which it arises.**

2. If the Kaposi Sarcoma is present in the **skin and another site** simultaneously, code to the specified skin site, (C44_).

3. If the **primary site is unknown** or cannot be determined, code **skin, NOS (C449).**

Sarcoma Coding Instructions:

The majority of sarcomas arise in mesenchymal or connective tissues that are located in the musculoskeletal system. The musculoskeletal system includes the fat, muscles, blood vessels, deep skin tissues, nerves, bones and cartilage. The default code for sarcomas of unknown primary site is **C499, connective, subcutaneous and other soft tissues, NOS,** rather than C809.

Sarcomas may also arise in the walls of hollow organs and in the viscera covering an organ. Code the primary site to the organ of origin.

Example:
The pathology identifies a leiomyosarcoma of the uterus. Code the site to uterus, NOS (C559).

Additional Guidelines for Coding Primary Site:

A subareolar/retroareolar carcinoma is coded to the central portion of the breast (C501), which indicates that the tumor arose in the breast tissue beneath the nipple, not the nipple itself.

Melanoma, NOS is coded to skin, NOS (C449).

Mycosis Fungoides is coded to skin (C44_).

Intestinal type adenocarcinoma (8144) is a gastric histology term and is not listed in the WHO Histological Classification of Tumors of the Colon and Rectum. This code should not be used for colon and rectum primaries.

GRADE OF TUMOR (NAACCR Item #440) (FORDS pg. 96–97; SEER pgs. 86–89)

Definition
Describes how much or how little the tumor cells resemble the parent tumor (organ of origin). Well differentiated (Grade 1) is the most like normal tissue, and undifferentiated (Grade 4) is the least like normal tissue. This data item is useful for determining prognosis.

Explanation
The more undifferentiated the tumor, the greater the incidence of metastasis and the more rapid the

clinical course. The terms "grade" and "differentiation" are used synonymously.

***Note**: Terms such as "anaplastic", "well differentiated", and "undifferentiated" are sometimes essential parts of morphologic terms for neoplasms in ICD-O-3 (as well as the phenotype [T-cell and B-cell] for lymphomas and leukemias). These terms must be reported with the appropriate grade code.*

Examples:

8020/3**4**	Carcinoma, undifferentiated
8021/3**4**	Carcinoma, anaplastic
8331/3**1**	Follicular adenocarcinoma, well differentiated
8332/3**1**	Follicular carcinoma, well differentiated
8332/3**2**	Follicular adenocarcinoma, moderately differentiated
8332/3**2**	Follicular carcinoma, moderately differentiated
8585/3**1**	Thymic carcinoma, well differentiated
8631/3**3**	Sertoli-Leydig cell tumor, poorly differentiated
8634/3**3**	Sertoli-Leydig cell tumor with heterologous elements, poorly differentiated
8805/3**4**	Sarcoma, undifferentiated
8851/3**1**	Liposarcoma, NOS, well differentiated
9062/3**4**	Seminoma, anaplastic
9082/3**4**	Malignant teratoma, undifferentiated
9082/3**4**	Malignant teratoma, anaplastic
9083/3**2**	Malignant teratoma, intermediate type
9187/3**1**	Intraosseous osteosarcoma, well differentiated
9362/3**2**	Pineal parenchymal tumor, intermediate differentiation
9382/3**4**	Oligoastrocytoma, anaplastic
9390/3**4**	Choroid plexus papilloma, anaplastic (synonym of malignant)
9392/3**4**	Ependymoma, anaplastic
9401/3**4**	Astrocytoma, anaplastic
9451/3**4**	Oligodendroglioma, anaplastic
9505/3**4**	Ganglioglioma, anaplastic
9511/3**1**	Retinoblastoma, differentiated type
9512/3**4**	Retinoblastoma, undifferentiated
9530/3**4**	Meningioma, anaplastic
9591/3**3**	Diffuse lymphocytic lymphoma, poorly differentiated (obs)
9591/3**4**	Non-Burkitt lymphoma, anaplastic (***note:** phenotype (B-cell) takes precedence over differentiation)*
9591/3**6**	Malignant B-cell lymphoma
9670/3**6**	Malignant lymphoma, small B lymphocytic
9670/3**1**	Diffuse lymphocytic lymphoma, well differentiated
9679/3**6**	Mediastinal large B-cell lymphoma
9680/3**6**	Large B-cell lymphoma, anaplastic (***note:** phenotype (B-cell) takes precedence over differentiation)*
9687/3**4**	Burkitt type lymphoma, undifferentiated (obs)

3. For primary sites where both tumor size and extension determine the T category in TNM select the code that best explains how the information in the CS Tumor Size and CS Extension fields were determined.

   a. If there is a difference between the derived category for the tumor size and the CS extension, select the evaluation code that reflects how the worse or higher category was determined.

   b. If the patient had no surgery, use code 0, 1, or 9.

Example:

A. Patient has a chest x-ray showing an isolated 4cm tumor in the right upper lobe. Patient opts for radiation therapy. Code this field as 0. Staging algorithm would identify information as clinical (c).

B. Colon cancer with colonoscopy and biopsy confirming cancer. Code this field as 1. Staging algorithm would identify information as clinical (c). The biopsy does not meet the criteria for pathologic staging.

   c. If the patient had surgery followed by other treatment(s) use code 3 or 9.

   d. If the size or extension of the tumor was greater after presurgical treatment than before treatment, use code 6. This code is likely to be used infrequently and maps to the "y" intercurrent treatment staging basis.

   e. If the patient had an autopsy, use code 2 if the diagnosis was known or suspected prior to death. Use code 8 if the malignancy was not known or suspected prior to death.

4. For sites/histologies where there is no TNM schema, this field must be coded 9, Not Applicable. These sites are also noted in the site specific schemas.

Note: *Although TNM staging is not collected by TCR, TNM is incorporated in the CS system; therefore rules must be consistent.*

These schemas are:

Other pharynx
Other digestive
Middle ear
Other sinus
Trachea
Other respiratory
Other adnexa
Other female genital
Other male genital
Other urinary
Brain and Other CNS
Other endocrine
Other eye
Melanoma of other Eye
Kaposi sarcoma
Hematopoietic, Reticuloendothelial, Immunoproliferative and Meyoloproliferative Neoplasms
Other Ill-defined and Unknown Primary Sites

5. Code 0 includes imaging studies such as standard radiography, special radiographic projections, tomography, computerized tomography (CT), ultrasonography, lymphography, angiography, scintigraphy (nuclear scans), magnetic resonance imaging (MRI), positron emission tomography (PET) scans, spiral scanning (CT or MRI) and other non-invasive methods of examining tissues.

6. **The Eval fields should be coded based on how the information was obtained, even if the related fields (Tumor Size, CS Extension) are unknown. In other words, just because the tumor size is coded 999, the Eval field does not have to be coded 9.**

CS Tumor Size/Ext Eval Standard Table

Note: *This table is also available in the Quick Reference, Standard Tables Section.*

Code	Description	Staging Basis
0	No surgical resection done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used.	c
1	No surgical resection done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used. ***Does not meet criteria for AJCC pathologic staging.***	c*
2	No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)	p
3	Surgical resection performed WITHOUT pre-surgical systemic treatment or radiation **OR** surgical resection performed, unknown if pre-surgical systemic treatment or radiation performed Evaluation based on evidence acquired before treatment, supplemented or modified by the additional evidence acquired during and from surgery, particularly from pathologic examination of the resected specimen ***Meets criteria for AJCC pathologic staging.***	p
5	Surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size/extension based on clinical evidence	c
6	Surgical resection performed WITH pre-surgical systemic treatment or radiation, BUT tumor size/extension based on pathologic evidence	y
8	Evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)	a
9	Unknown if surgical resection done Not assessed; cannot be assessed Unknown if assessed Not documented in patient record ***For sites with no TNM schema:*** not applicable	c

* For some primary sites, code 1 may be a pathologic staging bases, as determined by the site-specific chapter in the *AJCC Cancer Staging Manual, sixth edition.*

Site-Specific Surgery Codes
Lymph Nodes
C770-C779
(Except for M-9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)
Note: For Surgery Codes only: see site-specific scheme for primary sites other than C770-C779

Codes

00 None; **no surgery** of primary site; **autopsy** ONLY

19 Local tumor destruction or excision, NOS
Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003)

15 Local tumor destruction, NOS
No specimen sent to **pathology** from surgical event 15

25 **Local** tumor **excision**, NOS
Less than a full chain; includes a **lymph node biopsy**
Note: *The use of code 25 in RX SUMM -SURG PRIM SITE (1290) is for a primary in one and only one lymph node in which the single involved lymph node is removed by an excisional biopsy only*

30 Lymph node dissection, NOS
31 One chain
32 Two or more chains

40 Lymph node dissection, NOS PLUS splenectomy
41 One chain
42 Two or more chains

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
51 One chain
52 Two or more chains

60 **Lymph node dissection**, NOS and partial/total removal of **adjacent organ(s)** PLUS **splenectomy** (Includes staging laparotomy for lymphoma)
61 One chain
62 Two or more chains

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate** ONLY

[***SEER Note:*** Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node **chains** to code lymph node surgery; use lymph node **region** information to code stage.]

Site-Specific Surgery Codes
Hematopoietic/Reticuloendothelial/
Immunoproliferative/Myeloproliferative Disease
C420, C421, C423, C424 (with any histology)
or
M-9750, 9760–9764, 9800–9820, 9826, 9831–9920, 9931–9964, 9980–9989 (with any site)

Codes

98 **All** hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease **sites** and/or **histologies**, WITH or WITHOUT surgical treatment

Surgical procedures for hematopoietic, reticuloendothelial, immunoproliferative, myeloproliferative primaries are to be recorded using the data item Surgical Procedure/Other Site (NAACCR Item # 1294)

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: (MMDDYYYY)	(2460) PHYSICIAN MANAGING:
(550) REGISTRY NUMBER:	(2470) PHYSICIAN FOLLOW UP:
(540) REPORTING FACILITY NUMBER:	(2410) FACILITY REFERRED FROM:
(500) REPORTING SOURCE:	(2420) FACILITY REFERRED TO:
(2300) MEDICAL RECORD #:	(560) SEQUENCE NUMBER:
(610) CLASS OF CASE:	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME:	
(2240) FIRST NAME:	
(2250) MIDDLE NAME:	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX:
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: (MMDDYYYY)
(2330) STREET ADDRESS:	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001:
(70) CITY:	(400) PRIMARY SITE:
(80) STATE:	(440) GRADE OF TUMOR:
(100) ZIP CODE:	(410) LATERALITY:
(90) FIPS COUNTY CODE AT DX:	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN:	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH:	
(250) PLACE OF BIRTH:	
(160) RACE 1:	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2:	
(162) RACE 3:	
(163) RACE 4:	
(164) RACE 5:	(490) DIAGNOSTIC CONFIRMATION:
(190) SPANISH/HISPANIC ORIGIN:	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX:	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION:	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example

(2800) (2004 and >) CS TUMOR SIZE:	(2640) RX TEXT-CHEMO 2/28/2008
(2810) CS EXTENSION:	
(2820) CS TUMOR SIZE/EXT EVAL:	
(2830) CS LYMPH NODES:	
(820) REGIONAL LYMPH NODES POSITIVE:	(1400) HORMONE CODE:
(830) REGIONAL LYMPH NODES EXAMINED:	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX:	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE:
(2600) SUMMARY STAGE DOCUMENTATION:	(3250) RX SUMM-TRANSPLANT/ENDOCRINE:
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE:
(1292) RX SUMM-SCOPE OF REG LN SURGERY:	(1250) DATE OTHER TREATMENT STARTED: (MMDDYYYY)
(1200) RX DATE-SURGERY: (MMDDYYYY)	(1420) OTHER TREATMENT CODE:
(1290) SURG RX CODE:	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY:	
(1294) RX SUMM-SURG OTHER/DIST RX CODE:	
(2610) RX TEXT-SURGERY	(1750) DATE OF LAST CONTACT OR DEATH: (MMDDYYYY)
	(1760) VITAL STATUS:
(1210) DATE RADIATION STARTED: (MMDDYYYY)	(2090) DATE ABSTRACTED: (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE:	(570) ABSTRACTOR INITIALS:
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE:	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE:	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: (MMDDYYYY)	(2460) PHYSICIAN MANAGING: 2006
(550) REGISTRY NUMBER:	(2470) PHYSICIAN FOLLOW UP: 2006
(540) REPORTING FACILITY NUMBER:	(2410) FACILITY REFERRED FROM: 2001
(500) REPORTING SOURCE:	(2420) FACILITY REFERRED TO: 2001
(2300) MEDICAL RECORD #:	(560) SEQUENCE NUMBER:
(610) CLASS OF CASE: 1998	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME:	
(2240) FIRST NAME:	
(2250) MIDDLE NAME:	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 2007
(2280) ALIAS NAME: 2007	(390) DATE OF INITIAL DX: (MMDDYYYY)
(2330) STREET ADDRESS:	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL: 2006	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001:
(70) CITY:	(400) PRIMARY SITE:
(80) STATE:	(440) GRADE OF TUMOR:
(100) ZIP CODE:	(410) LATERALITY: 1995
(90) FIPS COUNTY CODE AT DX:	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN:	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH:	
(250) PLACE OF BIRTH: 1998	
(160) RACE 1:	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2: 2001	
(162) RACE 3: 2001	
(163) RACE 4: 2001	
(164) RACE 5: 2001	(490) DIAGNOSTIC CONFIRMATION:
(190) SPANISH/HISPANIC ORIGIN:	(780) TUMOR SIZE (MM): 1998 DX PRIOR TO 2004
(220) SEX:	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION:	(759) SUMMARY STAGE 2000: 2001

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM

(2800) (2004 and >) CS TUMOR SIZE: 2004	(2640) RX TEXT-CHEMO 2/28/2008
(2810) CS EXTENSION: 2004	
(2820) CS TUMOR SIZE/EXT EVAL: 2008	
(2830) CS LYMPH NODES: 2004	
(820) REGIONAL LYMPH NODES POSITIVE: 1998	(1400) HORMONE CODE: 1995
(830) REGIONAL LYMPH NODES EXAMINED: 1998	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 2004	
(2880) CS SITE-SPECIFIC FACTOR 1: 2004	
(2900) CS SITE-SPECIFIC FACTOR 3: 2004	(1410) IMMUNOTHERAPY CODE: 1995
(2600) SUMMARY STAGE DOCUMENTATION:	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 2003
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 2006
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 2001	(1250) DATE OTHER TREATMENT STARTED: 1995 (MMDDYYYY)
(1200) RX DATE-SURGERY: 1995 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 1995
(1290) SURG RX CODE: 1995	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 2006	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 1998	
(2610) RX TEXT-SURGERY	(1750) DATE OF LAST CONTACT OR DEATH: 1995 (MMDDYYYY)
	(1760) VITAL STATUS: 1998
(1210) DATE RADIATION STARTED: 1995 (MMDDYYYY)	(2090) DATE ABSTRACTED: (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 2003	(570) ABSTRACTOR INITIALS:
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 2006	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 2003 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 1995	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 1

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 01192008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX8888
(550) REGISTRY NUMBER: 200800022	(2470) PHYSICIAN FOLLOW UP: TX7777
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00002009811	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: BROWN	
(2240) FIRST NAME: CHARLES	
(2250) MIDDLE NAME: L	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 20
(2280) ALIAS NAME: BROWN CHARLIE	(390) DATE OF INITIAL DX: 01192008 (MMDDYYYY)
(2330) STREET ADDRESS: 91264 Ready Ln	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 94713
(70) CITY: Nacogdoches	(400) PRIMARY SITE: C716
(80) STATE: TX	(440) GRADE OF TUMOR: 9
(100) ZIP CODE: 75964	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 347	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 999999999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: Desmoplastic Nodular Medullablastoma
(240) DATE OF BIRTH: 02232000	
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY: Cerebellum
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 1	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: Patient is a Caucasian male child	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 1

(2800) (2004 and >) CS TUMOR SIZE: 060	(2640) RX TEXT-CHEMO 2/28/2008 Cisplatin, Vincristine
(2810) CS EXTENSION: 70	
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 88	
(820) REGIONAL LYMPH NODES POSITIVE: 99	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 99	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 1/19/2008 MRI: 6cm tumor in cerebellum cons/w probable medullablastoma 1/19/2008 Resection of cerebellar tumor: Medullablastoma with focal nodular/desmoplastic features; CSF: clusters of medulloblastoma cells cons/with drop metastasis	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 3
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 9	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 01192008 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 55	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 1/19/2008 Total resection cerebellar tumor	(1750) DATE OF LAST CONTACT OR DEATH: 07252008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 07282008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: XYX
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 02092008 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 03	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 2

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 01212008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX12345
(550) REGISTRY NUMBER: 2008000001	(2470) PHYSICIAN FOLLOW UP: TX54321
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00000809436	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: DOE	
(2240) FIRST NAME: JANE	
(2250) MIDDLE NAME: E	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 10
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 01222008 (MMDDYYYY)
(2330) STREET ADDRESS: 1110 E MARINA DR	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001:
(70) CITY: WOODKING	(400) PRIMARY SITE: C504
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 78613	(410) LATERALITY: 1
(90) FIPS COUNTY CODE AT DX: 516	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 777888999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH: 08131943	ADENOCARCINOMA, MOD DIFF
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2: 88	UOQ RIGHT BREAST
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 64 YOWF	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 2

(2800) (2004 and >) CS TUMOR SIZE: 020	(2640) RX TEXT-CHEMO 2/28/2008 Adriamycin and Cytoxan
(2810) CS EXTENSION: 10	
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 1/21/08 H&P: 1.5cm mass UOQ right breast, no skin changes, no axill lymphadenopathy 1/21/08 U/S Rt breast: 2.2cm mass 1/22/2008 FNA: adenocarcinoma, mod diff 1/26/2008 Lumpectomy: infil adenoca, 2cm, mod diff, margins free	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 3
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 01262008 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 22	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 1/26/2008 Right breast lumpectomy	(1750) DATE OF LAST CONTACT OR DEATH: 06012008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 04282008 (MMDDYYYY)	(2090) DATE ABSTRACTED: 12052008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 20	(570) ABSTRACTOR INITIALS: MYN
(2620, 2630) RX TEXT-RADIATION 4/28/2008 External beam radiation	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 3	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 02282008 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 03	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 3

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 09092008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX4321
(550) REGISTRY NUMBER: 200800100	(2470) PHYSICIAN FOLLOW UP: TX9991
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00A123	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: ENDEAVOR	
(2240) FIRST NAME: PATIENCE	
(2250) MIDDLE NAME:	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 99
(2280) ALIAS NAME: ENDEAVOR PATTI	(390) DATE OF INITIAL DX: 09022008 (MMDDYYYY)
(2330) STREET ADDRESS: 321 ELSEWHERE CR	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL: GARDEN STATE APARTMENTS	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 81403
(70) CITY: SANDCRAB	(400) PRIMARY SITE: C187
(80) STATE: TX	(440) GRADE OF TUMOR: 3
(100) ZIP CODE: 99999	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 999999999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH: 01011955	ADENOCARCINOMA, POORLY DIFF
(250) PLACE OF BIRTH: 002	
(160) RACE 1: 02	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2: 88	SIGMOID COLON
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 53 YO AAF, BORN IN MAINE	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 3

(2800) (2004 and >) CS TUMOR SIZE: 050	(2640) RX TEXT-CHEMO 10/15/2008 Patient started chemo, type not documented in chart
(2810) CS EXTENSION: 40	
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 10	
(820) REGIONAL LYMPH NODES POSITIVE: 01	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 14	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 9/2/08 Colonoscopy: apple core lesion in sigmoid colon cons/w adenoca 9/4/08 CT Abd & Pel: essentially negative 9/9/08 Sigmoid colectomy path report: PD adenoca, 5cm, ext thru muscularis propria into subserosal adipose tiss, 1/14+pericoloic lns, margins free	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 3
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 5	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 09092008 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 30	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 9/9/08 Sigmoid colectomy	(1750) DATE OF LAST CONTACT OR DEATH: 10302008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 02012009 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: UTO
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 10152008 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 01	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 4

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 01292008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX101010
(550) REGISTRY NUMBER: 2008000020	(2470) PHYSICIAN FOLLOW UP: TX00001
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 000000138398	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: REYNAS	
(2240) FIRST NAME: CORNELIO	
(2250) MIDDLE NAME: E	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 63
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 01292008 (MMDDYYYY)
(2330) STREET ADDRESS: 3021 RANCHERO ST	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 84803
(70) CITY: BAY CITY	(400) PRIMARY SITE: C187
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 77414	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 312	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 799129999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH: 02101927	MUCINOUS ADENOCA, MOD DIFF
(250) PLACE OF BIRTH: 230	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2: 88	SIGMOID COLON
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 1	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX:	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 80 YEAR OLD MALE, BORN IN MEXICO	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 4

(2800) (2004 and >) CS TUMOR SIZE: 040	(2640) RX TEXT-CHEMO No chemo recommended
(2810) CS EXTENSION: 42	
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 00	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 08	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 1/29/2008 Colon Bx at 25cm: MD Adenoca 1/30/2008 Sigmoid colon: Mucinous adenca, mod diff, 4cm, 0/8LNS, tumor invades into adipose tissue	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 5	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 01302008 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 40	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 1/30/2008 Left Hemicolectomy	(1750) DATE OF LAST CONTACT OR DEATH: 08062008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 06302008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: XXY
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 00000000 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 5

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 04072008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX3333
(550) REGISTRY NUMBER: 2008000234	(2470) PHYSICIAN FOLLOW UP: TX3334
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000013422	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: LADY	
(2240) FIRST NAME: LUCKY	
(2250) MIDDLE NAME: D	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 10
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 04072008 (MMDDYYYY)
(2330) STREET ADDRESS: 711 DICE ROW	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 80703
(70) CITY: ROLLING HILLS	(400) PRIMARY SITE: C343
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 78777	(410) LATERALITY: 2
(90) FIPS COUNTY CODE AT DX: 516	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 123987675	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: MD SQUAMOUS CELL CARCINOMA
(240) DATE OF BIRTH: 07111947	
(250) PLACE OF BIRTH: 077	
(160) RACE 1: 03	(2580) PRIMARY SITE AND LATERALITY: LEFT LOWER LOBE LUNG
(161) RACE 2: 01	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 60YO CAUCASIAN AND AMERICAN INDIAN FEMALE	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 5

(2800) (2004 and >) CS TUMOR SIZE: 102	(2640) RX TEXT-CHEMO 4/17/2008 ARA-C
(2810) CS EXTENSION: 40	
(2820) CS TUMOR SIZE/EXT EVAL: 0	
(2830) CS LYMPH NODES: 10	
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 99	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 4/7/2008 CT Chest: 10.2cm mass in LLL lung, suspicious for malignancy; enlarged malignant appearing hilar LNS, probable atelectasis 4/8/2008 LLL Bx: MD Squamous Cell Carcinoma	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 1	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY Surgery not recommended due to COPD and other risk factors	(1750) DATE OF LAST CONTACT OR DEATH: 06302008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 06012008 (MMDDYYYY)	(2090) DATE ABSTRACTED: 08152008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 20	(570) ABSTRACTOR INITIALS: YME
(2620, 2630) RX TEXT-RADIATION 6/1/2008 External Beam Radiation	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 04172008 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 03	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 6

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 01222008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX00001
(550) REGISTRY NUMBER: 200800001	(2470) PHYSICIAN FOLLOW UP: TX00005
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000A	(560) SEQUENCE NUMBER: 00
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: DILLYDALLY	
(2240) FIRST NAME: FREDERICK	
(2250) MIDDLE NAME: Z	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 99
(2280) ALIAS NAME: DILLYDALLY FREDDY	(390) DATE OF INITIAL DX: 01122008 (MMDDYYYY)
(2330) STREET ADDRESS: 111 UNKNOWN RD	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 96803
(70) CITY: ANYWHERE	(400) PRIMARY SITE: C770
(80) STATE: TX	(440) GRADE OF TUMOR: 6
(100) ZIP CODE: 11111	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 99999999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: LARGE B-CELL LYMPHOMA
(240) DATE OF BIRTH: 02141975	
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 02	(2580) PRIMARY SITE AND LATERALITY: CERVICAL LYMPH NODES
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 1	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 32YEAR OLD AFRICAN AMERICAN MALE	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 6

(2800) (2004 and >) CS TUMOR SIZE: 888	(2640) RX TEXT-CHEMO 1/14/2008 pt started on CHOP and Rituxan
(2810) CS EXTENSION: 10	
(2820) CS TUMOR SIZE/EXT EVAL: 0	
(2830) CS LYMPH NODES: 88	
(820) REGIONAL LYMPH NODES POSITIVE: 99	(1400) HORMONE CODE: 01
(830) REGIONAL LYMPH NODES EXAMINED: 99	(2650) RX TEXT-HORMONE 1/14/2008 Prednisone (CHOP)
(2850) CS METS AT DX: 88	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 1/10/2008 CT Neck & Abdomen: rt cervical lymphadenopathy, no other suspicious areas 1/12/2008 Cervical LN incisional bx: c/w large B-cell lymphoma	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 9	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 1	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY Incisional bx only	(1750) DATE OF LAST CONTACT OR DEATH: 01152008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 000000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 07152008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: CLW
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 01142008 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 03	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 7

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 02132008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX1234
(550) REGISTRY NUMBER: 2008000021	(2470) PHYSICIAN FOLLOW UP: TX1234
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000B1	(560) SEQUENCE NUMBER: 60
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: ALVAREZ	
(2240) FIRST NAME: GABRIELLE	
(2250) MIDDLE NAME: R	
(2390) MAIDEN NAME: MACHADO	(630) PRIMARY PAYER AT DX: 60
(2280) ALIAS NAME: ALVAREZ, ROZ	(390) DATE OF INITIAL DX: 02012008 (MMDDYYYY)
(2330) STREET ADDRESS: 123 HEAVENLY LN	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 95300
(70) CITY: PARADISE	(400) PRIMARY SITE: C700
(80) STATE: TX	(440) GRADE OF TUMOR: 9
(100) ZIP CODE: 22222	(410) LATERALITY: 2
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 664664664	(2590) MORPHOLOGY/BEHAVIOR AND GRADE:
(240) DATE OF BIRTH: 06021923	MENINGIOMA
(250) PLACE OF BIRTH: 001	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY:
(161) RACE 2: 88	LEFT CEREBRAL MENINGES
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 7
(190) SPANISH/HISPANIC ORIGIN: 6	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 84 YEAR OLD HISPANIC/CAUCASIAN FEMALE	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 7

(2800) (2004 and >) CS TUMOR SIZE: 023	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION: 05	
(2820) CS TUMOR SIZE/EXT EVAL: 9	
(2830) CS LYMPH NODES: 88	
(820) REGIONAL LYMPH NODES POSITIVE: 99	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 99	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 2/1/2008 CT Brain: 2.3cm non-glial tumor in left cerebral meninges consistent with meningioma	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 9	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 1	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY Surgery not recommended at this time	(1750) DATE OF LAST CONTACT OR DEATH: 02172008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 08012008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: SOE
(2620, 2630) RX TEXT-RADIATION Radiation not recommended	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 00000000 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 8

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 05252008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX1111
(550) REGISTRY NUMBER: 200800004	(2470) PHYSICIAN FOLLOW UP: TX1234
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 2	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 0000C1	(560) SEQUENCE NUMBER: 02
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE) ADENOCARCINOMA OF SIGMOID COLON, 2000
(2230) LAST NAME: Alf	
(2240) FIRST NAME: D	
(2250) MIDDLE NAME: L	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 10
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 05012008 (MMDDYYYY)
(2330) STREET ADDRESS: 222 Everywhere Dr	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 81403
(70) CITY: Anytown	(400) PRIMARY SITE: C619
(80) STATE: TX	(440) GRADE OF TUMOR: 2
(100) ZIP CODE: 00001	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590) (2590) MORPHOLOGY/BEHAVIOR AND GRADE: Adenocarcinoma, Gleason score 5
(2320) SSN: 100100001	
(240) DATE OF BIRTH: 11271950	
(250) PLACE OF BIRTH: 999	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY: Prostate
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 3	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 1	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 57 year old Cuban male	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 8

(2800) (2004 and >) CS TUMOR SIZE: 999	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION: 15	
(2820) CS TUMOR SIZE/EXT EVAL: 0	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 88
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE Lupron recommended, unk if patient received therapy
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3: 097	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 4/15/08 PSA at outside facility elevated at 15 5/1/08 Prostate bx at MD office: Adenoca, Gleason 5 5/5/08 CT scans and Abd U/S: no abnormal findings	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 1	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY No surgery done	(1750) DATE OF LAST CONTACT OR DEATH: 05252008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 05252008 (MMDDYYYY)	(2090) DATE ABSTRACTED: 09192008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 54	(570) ABSTRACTOR INITIALS: ONO
(2620, 2630) RX TEXT-RADIATION Hi dose Iodine-125 Brachytherapy on 5/25/2008	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 88888888 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 9

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 02132008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TZ010101
(550) REGISTRY NUMBER: 2008000054	(2470) PHYSICIAN FOLLOW UP: TX000222
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0000000000
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00000000100	(560) SEQUENCE NUMBER: 02
(610) CLASS OF CASE: 2	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE) BLADDER CARCINOMA, 2000
(2230) LAST NAME: WHITMAN	
(2240) FIRST NAME: HENRY	
(2250) MIDDLE NAME: T	
(2390) MAIDEN NAME:	(630) PRIMARY PAYER AT DX: 20
(2280) ALIAS NAME: WHITMAN HANK	(390) DATE OF INITIAL DX: 02092008 (MMDDYYYY)
(2330) STREET ADDRESS: 654 ICY LANE	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 81403
(70) CITY: BURR	(400) PRIMARY SITE: C619
(80) STATE: TX	(440) GRADE OF TUMOR: 3
(100) ZIP CODE 77488	(410) LATERALITY: 0
(90) FIPS COUNTY CODE AT DX: 481	FINAL DIAGNOSIS (2580, 2590) (2590) MORPHOLOGY/BEHAVIOR AND GRADE: ADENOCARCINOMA, GLEASON 7
(2320) SSN: 123123123	
(240) DATE OF BIRTH: 01011940	
(250) PLACE OF BIRTH: 077	
(160) RACE 1: 03	(2580) PRIMARY SITE AND LATERALITY: PROSTATE
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 1	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 68 YEAR OLD AMERICAN INDIAN MALE	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 9

(2800) (2004 and >) CS TUMOR SIZE: 999	(2640) RX TEXT-CHEMO No chemo
(2810) CS EXTENSION: 15	
(2820) CS TUMOR SIZE/EXT EVAL: 3	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 00	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 17	(2650) RX TEXT-HORMONE No hormone
(2850) CS METS AT DX: 00	
(2880) CS SITE-SPECIFIC FACTOR 1:	
(2900) CS SITE-SPECIFIC FACTOR 3: 022	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 5/1/08 Prostate bx due to elevated PSA: Adenoca, gleason 5 5/25/2008 Radical prostatectomy: Infiltrating adenoca, Gleason 7, in about 75% of left lobe, no tumor in rt lobe, limited to prostate, 0/17 rt and left pelvic lymph nodes	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 5	(1250) DATE OTHER TREATMENT STARTED: 00000000 (MMDDYYYY)
(1200) RX DATE-SURGERY: 05252008 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 0
(1290) SURG RX CODE: 50	(2670) RX TEXT-OTHER
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY 5/25/2008 Radical prostatectomy, pelvic lymph node dissection	(1750) DATE OF LAST CONTACT OR DEATH: 07232008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 11242008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: ONO
(2620, 2630) RX TEXT-RADIATION No radiation done	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 00000000 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 10

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 02152008 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: TX999999
(550) REGISTRY NUMBER: 2008000167	(2470) PHYSICIAN FOLLOW UP: TX121314
(540) REPORTING FACILITY NUMBER: 998	(2410) FACILITY REFERRED FROM: 0099999999
(500) REPORTING SOURCE: 1	(2420) FACILITY REFERRED TO: 0000000000
(2300) MEDICAL RECORD #: 00000004567	(560) SEQUENCE NUMBER: 03
(610) CLASS OF CASE: 1	(2220) OTHER PRIMARY TUMORS: (SITE,MORPHOLOGY, and DATE) Melanoma, skin of face, 1985 Melanoma, skin of left shoulder, 1992
(2230) LAST NAME: RIVERS	
(2240) FIRST NAME: FLOW	
(2250) MIDDLE NAME: BLUE	
(2390) MAIDEN NAME: WILD	(630) PRIMARY PAYER AT DX: 99
(2280) ALIAS NAME:	(390) DATE OF INITIAL DX: 02152008 (MMDDYYYY)
(2330) STREET ADDRESS: 777 Wingding Ln	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001:
(2335) ADDRESS AT DX SUPPLEMENTAL:	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 90503
(70) CITY: Cedar Park	(400) PRIMARY SITE: C384
(80) STATE: TX	(440) GRADE OF TUMOR: 3
(100) ZIP CODE: 78613	(410) LATERALITY: 2
(90) FIPS COUNTY CODE AT DX: 516	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 999999999	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: Malignant Mesothelioma, poorly diff
(240) DATE OF BIRTH: 01011949	
(250) PLACE OF BIRTH: 077	
(160) RACE 1: 01	(2580) PRIMARY SITE AND LATERALITY: Left Pleura
(161) RACE 2: 88	
(162) RACE 3: 88	
(163) RACE 4: 88	
(164) RACE 5: 88	(490) DIAGNOSTIC CONFIRMATION: 1
(190) SPANISH/HISPANIC ORIGIN: 0	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 2	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 59 year old Caucasian female, Texas native	(759) SUMMARY STAGE 2000:

DEPARTMENT OF STATE HEALTH SERVICES
CONFIDENTIAL CANCER REPORTING FORM Example 10

(2800) (2004 and >) CS TUMOR SIZE: 999	(2640) RX TEXT-CHEMO
(2810) CS EXTENSION: 50	
(2820) CS TUMOR SIZE/EXT EVAL: 1	
(2830) CS LYMPH NODES: 00	
(820) REGIONAL LYMPH NODES POSITIVE: 98	(1400) HORMONE CODE: 00
(830) REGIONAL LYMPH NODES EXAMINED: 00	(2650) RX TEXT-HORMONE
(2850) CS METS AT DX: 99	
(2880) CS SITE-SPECIFIC FACTOR 1: 030	
(2900) CS SITE-SPECIFIC FACTOR 3:	(1410) IMMUNOTHERAPY CODE: 00
(2600) SUMMARY STAGE DOCUMENTATION: 2/15/2008 Bronchoscopy and Lt lung bx: PD malignant neoplasm c/w mesothelioma 3/1/2008 CT Chest: Large left pleural effusion, large lobulated fluid collection left hemithorax w/assoc loss of volume and interstitial lung infiltrates, most likely basis of mets	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 00
	(2660) RX TEXT-IMMUNOTHERAPY
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 0
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 0	(1250) DATE OTHER TREATMENT STARTED: 03012008 (MMDDYYYY)
(1200) RX DATE-SURGERY: 00000000 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 3
(1290) SURG RX CODE: 00	(2670) RX TEXT-OTHER On 3/1/2008 patient was enrolled in a double-blind clinical trial.
(1340) REASON FOR NO SURGERY: 0	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 0	
(2610) RX TEXT-SURGERY	(1750) DATE OF LAST CONTACT OR DEATH: 05052008 (MMDDYYYY)
	(1760) VITAL STATUS: 1
(1210) DATE RADIATION STARTED: 00000000 (MMDDYYYY)	(2090) DATE ABSTRACTED: 09012008 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 00	(570) ABSTRACTOR INITIALS: POP
(2620, 2630) RX TEXT-RADIATION	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 0	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 00000000 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 00	

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CONFIDENTIAL CANCER REPORTING FORM Example Pg Number

SHADED ITEMS WILL BE COMPLETED BY CANCER REGISTRY STAFF	This form MUST be used for all cases diagnosed on or after 2008.
(580) DATE OF ADMIT/FIRST CONTACT: 35 (MMDDYYYY)	(2460) PHYSICIAN MANAGING: 63
(550) REGISTRY NUMBER: 36	(2470) PHYSICIAN FOLLOW UP: 63
(540) REPORTING FACILITY NUMBER: 37	(2410) FACILITY REFERRED FROM: 64
(500) REPORTING SOURCE: 37	(2420) FACILITY REFERRED TO: 65
(2300) MEDICAL RECORD #: 39	(560) SEQUENCE NUMBER: 66
(610) CLASS OF CASE: 39	(2220) OTHER PRIMARY TUMORS: 68 (SITE,MORPHOLOGY, and DATE)
(2230) LAST NAME: 43	
(2240) FIRST NAME: 44	
(2250) MIDDLE NAME: 44	
(2390) MAIDEN NAME: 45	(630) PRIMARY PAYER AT DX: 68
(2280) ALIAS NAME: 45	(390) DATE OF INITIAL DX: 70 (MMDDYYYY)
(2330) STREET ADDRESS: 46	(420, 430) ICD-O-2 MORPH/BEHAVIOR BEFORE 2001: 73
(2335) ADDRESS AT DX SUPPLEMENTAL: 48	(522, 523) ICD-O-3 MORPH/BEHAVIOR DX ON OR AFTER 2001: 73
(70) CITY: 49	(400) PRIMARY SITE: 78
(80) STATE: 49	(440) GRADE OF TUMOR: 84
(100) ZIP CODE: 52	(410) LATERALITY: 93
(90) FIPS COUNTY CODE AT DX: 53	FINAL DIAGNOSIS (2580, 2590)
(2320) SSN: 54	(2590) MORPHOLOGY/BEHAVIOR AND GRADE: 98
(240) DATE OF BIRTH: 55	
(250) PLACE OF BIRTH: 55	
(160) RACE 1: 56	(2580) PRIMARY SITE AND LATERALITY: 98
(161) RACE 2: 59	
(162) RACE 3: 59	
(163) RACE 4: 59	
(164) RACE 5: 59	(490) DIAGNOSTIC CONFIRMATION: 98
(190) SPANISH/HISPANIC ORIGIN: 60	(780) TUMOR SIZE (MM): DX PRIOR TO 2004
(220) SEX: 62	(760) SUMMARY STAGE 1977:
(2680) OTHER PERTINENT INFORMATION: 62	(759) SUMMARY STAGE 2000:

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CONFIDENTIAL CANCER REPORTING FORM Example Pg Number

(2800) (2004 and >) CS TUMOR SIZE: A-11	(2640) RX TEXT-CHEMO 135
(2810) CS EXTENSION: A-17	
(2820) CS TUMOR SIZE/EXT EVAL: A-19	
(2830) CS LYMPH NODES: A-22	
(820) REGIONAL LYMPH NODES POSITIVE: A-24	(1400) HORMONE CODE: 124
(830) REGIONAL LYMPH NODES EXAMINED: A-26	(2650) RX TEXT-HORMONE 135
(2850) CS METS AT DX: A-29	
(2880) CS SITE-SPECIFIC FACTOR 1: A-30	
(2900) CS SITE-SPECIFIC FACTOR 3: A-30	(1410) IMMUNOTHERAPY CODE: 126
(2600) SUMMARY STAGE DOCUMENTATION: 139	(3250) RX SUMM-TRANSPLANT/ENDOCRINE: 128
	(2660) RX TEXT-IMMUNOTHERAPY 135
FIRST COURSE TREATMENT	(1639) RX SUMM-SYSTEMIC/SURG SEQUENCE: 131
(1292) RX SUMM-SCOPE OF REG LN SURGERY: 108	(1250) DATE OTHER TREATMENT STARTED: 133 (MMDDYYYY)
(1200) RX DATE-SURGERY: 110 (MMDDYYYY)	(1420) OTHER TREATMENT CODE: 134
(1290) SURG RX CODE: 111	(2670) RX TEXT-OTHER 135
(1340) REASON FOR NO SURGERY: 113	
(1294) RX SUMM-SURG OTHER/DIST RX CODE: 114	
(2610) RX TEXT-SURGERY 135	(1750) DATE OF LAST CONTACT OR DEATH: 136 (MMDDYYYY)
	(1760) VITAL STATUS: 137
(1210) DATE RADIATION STARTED: 115 (MMDDYYYY)	(2090) DATE ABSTRACTED: 137 (MMDDYYYY)
(1570) RAD-REGIONAL RX MODALITY CODE: 116	(570) ABSTRACTOR INITIALS: 138
(2620, 2630) RX TEXT-RADIATION 135	(50) NAACCR RECORD VERSION: 11.2
(1380) RX SUMM-SURG/RAD SEQUENCE: 119	FOR CRD USE ONLY
(3230) RX DATE-SYSTEMIC: 121 (MMDDYYYY)	
(1390) CHEMOTHERAPY CODE: 122	